

USPTO Form PTO-913
 Multiple Dependent Claim Fee Calculation Sheet

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-913)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							09/555950	
							64404	64404
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

PTO-1360 (7-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>						<small>SERIAL NO.</small> 09/555950 -	<small>FILING DATE</small> 						
						<small>APPLICANT(S)</small> 							
						674104 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				2		2	61						
102				2		2	62						
103				2		2	63						
104				2		2	64						
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TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			30		26		TOTAL DEP.						
TOTAL CLAIMS			32		28		TOTAL CLAIMS						